

Call Center Performance Improvement Lessons Learned

Medicare contractors face continuous challenges to meet CMS performance requirements and industry standards for provider call centers. After working with numerous contractors to address performance problems, CMS has created this document to assist other call centers when they develop a performance issue. CMM's Technical Support Contractor, SAIC, is available to assist you.

(The numbers in parentheses following each suggested action refer to the "Quick Diagnostic" pages that follow this table.)

Call Center Performance Issue	Suggested Actions
Low call completion rates	<ul style="list-style-type: none"> • Adjust circuits/trunks/IVR ports (1) • Expand IVR capability (2) • Create separate CSR and IVR toll-free numbers (3) • Identify heavy hitters (4) • Reconfigure trunk groups/add toll-free numbers (6) • Develop a call allocation plan (7) • Shorten IVR Messages (8) • Education and Outreach (9) • Web site enhancements (10)
CSR work overload	<ul style="list-style-type: none"> • Expand IVR capability (2) • Create separate CSR and IVR toll-free numbers (3) • Identify heavy hitters (4) • Reconfigure trunk groups/add toll-free numbers (6) • Education and Outreach (9) • Web site enhancements (10)
Time zone problem	<ul style="list-style-type: none"> • Extend call center operating hours (5)
Increasing call duration/provider complaints	<ul style="list-style-type: none"> • Shorten IVR messages (8) • Education and Outreach (9) • Web site enhancements (10)
Communicating changes quickly to providers	<ul style="list-style-type: none"> • Education and Outreach (9) • Web site enhancements (10)
Provider dependence on CSRs	<ul style="list-style-type: none"> • Expand IVR capability (2) • Education and Outreach (9) • Website enhancements (10)

1. Adjust Circuits/Trunks/IVR Ports

The problem:

The telephone or CSR resources do not match the current call volume.

The situation:

The volume of calls to a call center has increased or decreased.

The solution:

Make minor adjustments to:

- Add more circuits, trunks, or IVR ports to handle increasing call volume.
- Remove circuits, trunks, or IVR ports to address decreasing call volume.

The steps:

1. Determine the projected call volume by using MCI's Customer Service Call Center reports (formerly known as Interact). CMM's Technical Support Contractor, SAIC, is available to help with this analysis.
2. Use standard industry measures, such as Erlang B, to compute the number of circuits/trunks/IVR ports needed to meet the projected call volume.
3. Adjust resources to the number of circuits/trunks/IVR ports needed.

The benefit:

The service is properly sized to match the change in demand. This technique has benefited call centers, including: NHIC Marysville; FCSO Meriden and Jacksonville, Palmetto Columbia and Palm Harbor; Empire Bohemia; NHIC Hingham; Arkansas BCBS Creve Coeur and Little Rock; and Group Health Tulsa.

2. Expand IVR Capability

The problem:

Increased call volume with providers' choosing to talk to a CSR rather than using an IVR.

The situation:

Call centers are seeking to shift more calls from the CSRs to the IVR, by promoting the use of automated services (ARU/IVR). The full potential of the IVR was not being tapped. Providers were not willing to use the IVR for a variety of reasons -- because it was difficult to use, because they were not trained in its use, or because it did not contain information that answered their questions. CSRs continued to assist providers with information that they could receive from the IVR.

The solution:

Expand the IVR capability by adding more functions to encourage more traffic to the IVR. Additional functions might include: claim status, ordering of forms, beneficiary eligibility verification, appeal rights and procedures, verification of receipt of appeal requests, and fax on demand. Require providers to use the IVR rather than a CSR to get the types of information available on the IVR. The increased traffic may require increasing the number of IVR ports.

The steps:

1. Program the IVR to handle other call center functions. Require callers to use the automated services rather than allowing them to get the information from the CSR.
2. Advertise the mandatory use of the IVR and publish directions for its use on the provider web site.
3. Evaluate traffic increases and add more ports and trunks as necessary.
4. Require providers to use the IVR for certain types of inquiries.

The benefit:

Reduced demand for CSR customer service and reduced the need for adding more CSRs. Some call centers that expanded their IVR's capabilities include: Cahaba GBA, BCBS Alabama, Palmetto Columbia, and FCSO Jacksonville.

3. Create Separate CSR and IVR Toll-Free Numbers

The problem:

Increased CSR call volume and overloaded CSR queue due to the call center's IVR opt-out feature.

The situation:

A single toll free number was used for both IVR and CSR calls. The IVR had the capability to allow callers to opt-out to talk to a CSR, which increased traffic to CSRs. Call centers could not simply increase the number of trunks/lines because this would potentially allow more callers to opt-out to the CSRs thereby increasing the time callers had to wait in the queue. This would also keep the call center from meeting the 60-second service level indicator requirement.

The solution:

Create separate IVR and CSR trunk groups with separate toll free numbers. Set the CSR trunk group capacity to allow maximum access to the CSRs while still meeting the requirement of the Service Level Indicator.

The steps:

1. Determine the projected IVR and CSR workload using MCI's Customer Service Call Center data (formerly known as Interact) to analyze the volume and flow of traffic. CMM's Technical Support Contractor, SAIC, is available to help with this analysis.
2. Use standard industry measures, such as Erlang B, to compute the trunk group sizing for the IVR and CSRs.
3. Configure the CSR trunk group to match the number of CSRs and Service Level Indicators.
4. Add new toll free number for the CSR line.
5. Advertise the coming change and new toll free number on the IVR and provider web site.
6. Stress to providers/physicians/suppliers the benefits of the IVR (or disallowing queries to CSRs for certain information provided in the IVR) and publishing directions for its use on the provider web site.

The benefit:

This technique has increased the number of calls managed and improved the call completion rates at every location where it has been instituted. Call centers that have separate CSR and IVR toll free numbers include: FCSO Jacksonville; Arkansas BCBS Creve Coeur; Cahaba GBA Savannah; Trailblazer Denison; CIGNA Nashville; and Palmetto Columbia.

4. Identify Heavy Hitters

The problem:

Increased call volume, due in part to the increased demand of frequent callers. Heavy Hitters is our term for callers who contact call centers multiple times per day, sometimes in excess of 500 attempts per day.

The situation:

Certain providers/physicians/suppliers call everyday with hundreds of claims to discuss but may be limited to 3 transactions per call on the CSR lines in order that the call center may serve other callers. These callers increasingly use automatic re-dialer equipment, which may redial as often as every 6 seconds, to get through to the IVR or an available CSR. The problem of heavy hitters constantly dialing the call center compounds the burden of a call center already dealing with a heavy call volume. In addition, the continuous re-dialing prevents other callers from getting through to the CSRs and IVR ports.

The solution:

Analyze daily call flow and identify the callers who contact the call center multiple times per day. Talk with these heavy hitters to determine how to meet the caller's needs without hurting the call center's performance.

The steps:

1. Compile a list of the most frequent callers and those having the longest calls/most daily connect time, using MCI's Customer Service Call Center reports (formerly known as Interact). CMM's Technical Support Contractor, SAIC, can help with this analysis.
2. Talk with these heavy hitters and work with them to devise a process to meet their needs and better manage their call demands.
3. Such a process could be: ask a providers/physicians/suppliers to make their calls during the least busy hours of the business day; make special arrangements to handle their more time consuming requests; return the calls of heavy hitters with complex issues at the end of the day or next morning during off-line hours; or arrange to provide the information through batch reports of claim status or other means.

The benefit:

This technique has improved the call completion and ATB rates at each call center implementing this action. Call centers benefiting from identifying heavy hitters included: all DMERCs; Cahaba GBA Savannah; FCSO Jacksonville; Arkansas BCBS Creve Coeur; and Noridian Fargo.

5. Extend Call Center Operating Hours

The problem:

Callers from time zones to the west of the call center add to the burden of calls during peak hours.

The situation:

Some call centers serving providers in more than one time zone found callers from time zones to the west of the call center made a majority of their calls during hours when the call center was receiving its highest call volume. These providers were trying to get their questions answered during a shortened workday of call center availability. The call center needed to spread these call across the full day in order to get more of them answered.

The solution:

Offer CSR service to callers in each time zone based upon their regular business hours. This provides those in western time zones a full workday to reach the call center. Callers from a time zone where the hours of operation had passed would receive a message saying the call center was closed.

The steps:

1. Determine the times when the majority of calls were received from other time zones using MCI's Customer Service Call Center reports (formerly known as Interact).
2. Based on the patterns found, decide how long to extend the after-hours service and how many after-hours CSRs will be needed.
3. Implement routing plans to only allow callers who are calling within their regular business hours to reach a CSR.
4. Route other callers to a message advising the call center is now closed and give the hours when they can expect to reach a CSR.
5. CMM's Technical Support Contractor, SAIC, is available to help with this analysis.
6. Alert providers/physicians/suppliers to this setup through the provider web site, giving the hours when they can expect to reach a CSR.

The benefit:

This action benefited all call centers making this change. Some examples are: FCSO Jacksonville and Palmetto Columbia.

6. Reconfigure Existing Trunk Groups/Add New Toll Free Numbers

The problem:

Low call completion rate due to large increases in call volume for business functions “other than” provider inquiries.

The situation:

Many small to intermediate provider call centers were initially configured to bring all calls into one toll free number or trunk group. Changes in policy and increased business have led to more calls for both provider inquiries and these other business functions (e.g., Provider Enrollment, EDI, MSP and Appeals). In addition, CSRs had to handle calls concerning areas beyond their responsibility and knowledge and/or transfer those calls and encumber a call center trunk.

The solution:

Add and advertise toll free numbers specific to Provider Enrollment, EDI, MSP, Appeals, etc. so callers can more directly reach the contractor assistance they need. Or reconfigure existing trunk groups to direct calls to these areas without CSR involvement. If the call volume to the “other” numbers is small, a single toll free number could serve more than one business function, with trunk groups configured to direct calls to the appropriate business function.

The steps:

1. Analyze the volume of traffic through the existing CSR and IVR lines using MCI’s Customer Service Call Center reports (formerly known as Interact).
2. Determine the volume of calls that are being received by each business function (e.g., MSP, Appeals, etc.) to be serviced.
3. Use standard industry measures, such as Erlang B, to determine the size of the trunk groups needed to handle the projected IVR and CSR workload.
4. Add new toll free numbers and/or configure trunk group so all general inquiries come in through one toll free number/trunk group and all “other” calls go to a separate toll free number/trunk group.
5. CMM’s Technical Support Contractor, SAIC, is available to help throughout this process.
6. Advertise any toll free numbers that are added to providers/ physicians/suppliers on the provider web site.

The benefit:

Call centers have been able to increase call center call completion rates using existing CSR and IVR resources. Call centers are able to track their workload with greater accuracy and ease. CSRs are not required to be involved in “other” business just to transfer calls. Some of the call centers that benefited are: Palmetto RRB, Augusta; Anthem Manchester; Arkansas BCBS Little Rock; Baton Rouge; Oklahoma City; Palmetto Palm Harbor; FCSO Meriden; Cahaba Des Moines; and BCBS Arizona Phoenix.

7. Develop a Call Allocation Plan

The problem:

- 1- Short-term call volume increases cannot be handled with existing staff, or
- 2- A disaster results in service outage.

The situation:

- 1- Short-term call volume increases may occur during system transitions, implementation of new policies, or at the end of the year. They often result in decreased performance for the call center.
- 2- A call center is out of service because of a disaster, a power outage or bad weather. Without a disaster allocation plan, calls will go unanswered.

The solution:

Call Allocation Plans facilitate sending “overflow” traffic to an alternate call center to accommodate changing call volumes without changing resources or moving CSRs to different locations. Call allocation plans permit calls to be re-routed between call centers and define the percentage of calls to be routed to one or more receiving call centers. This call routing takes place within the MCI network and is not obvious to the callers. In a disaster recovery situation, all of the traffic would be rerouted. In a short-term overflow situation, a percentage of the traffic would be rerouted.

The steps:

1. Decide upon alternate call centers for “overflow” traffic to flow to and the allocation percentages.
2. If more than one call center will be receiving overflow calls, determine the percentage each call center will receive.
3. CMM’s Technical Support Contractor, SAIC, is available to help with establishing the call allocation plans.

The benefit:

HealthNow Nanticoke is using a call allocation plan to handle a short-term call increase resulting from their transition to the NGD. FCSO Meriden is using a call allocation plan during their transition to MCS. Call allocation plans to be used in case of disaster are in place at numerous sites.

8. Shorten Upfront Messages

The problem:

Upfront IVR or ACD messages, with no option for providers to skip the message, extend the duration of each call and reduce the number of callers that can be handled in a given period.

The situation:

Some call centers' systems present long automated messages to callers before they are allowed to make an IVR choice or speak to a CSR. The problem is compounded when callers are not allowed to opt-out of hearing the entire message over and over each time they call. The messages unnecessarily increase the average call duration, reducing the number of calls that can be handled in a given time period. In some cases, the number of calls handled was reduced fifty percent.

The solution:

Rather than making the message available upfront, use a shorter message directing callers to make a selection to hear the message. Or implement an option to bypass the message. The IVR could also alert providers to the availability fuller information on the subject on the web.

The benefit:

Trailblazer Denison reduced provider complaints from having to sit through a long message over and over before reaching a CSR by shortening the upfront message.

9. Education and Outreach

The problem:

- 1- To provide effective education of providers/physicians/suppliers on new billing rules that will reduce the volume of calls to call centers.
- 2- In low call completion situations, to inform providers of the situation causing the heavy volume at the call center, what is being done to improve the situation, and places other than the call center where providers can get information.

The situation:

An increasingly number of new laws and regulations require contractors to educate their providers/physicians/suppliers. For example, the implementation of HIPAA meant health care providers needed to know their responsibility to maintain patient privacy and the steps needed to become HIPAA compliant in their billing transactions. This generated significant calls to call centers.

Early MCS transitions resulted in a backlog of claims, delayed payment and pent-up call center demand. Providers needed to know the cause of the situation, what was being done to improve the situation, and where they could go to learn when their claims would be paid.

The solution:

Call centers publicized changes and announcements in various formats, including: newsletter and web site articles; web-based information products; conference calls; bulletins; seminars; remittance flyers; electronic mailing lists; and face-to-face meetings with key provider/physician/ supplier groups. Call centers can make sure that callers know where to look for changes and updates. CSRs can educate callers concerning IVR navigation and use of the contractor's web site.

The steps:

1. Determine what topics are covered most frequently in provider/physician/supplier calls.
2. Identify or create information products addressing those questions.
3. Use a variety of formats to communicate important information to providers/physicians/suppliers.

The benefit:

Educational outreach can help ensure providers/physicians/suppliers are kept up-to-date with consistent information that reduces their need to call the contractor's call center. For example, Cahaba GBA began a pre-education campaign to notify callers of the date after which use of the IVR to inquire about claim status was mandatory.

10. Web Site Enhancements

The problem:

Providers/physicians/suppliers are too reliant on CSRs for information and are not utilizing the IVR technology provided by call centers or obtaining information from the contractor's web site.

The situation:

Contractors have experienced high call volumes during and immediately following MCS and NGD transitions or for other reasons. Callers, intent on getting their information from a CSR, were having to wait in queue or dial many times to get the information they needed.

The solution:

Web site enhancements can provide the more general information callers ask of CSRs. Displaying critical, current, frequently requested information can encourage callers to answer their own questions instead of calling a CSR. Web sites should be reviewed to identify needed modifications and to be certain the information provided is clear and easy to understand.

The steps:

1. Compile a list of general information frequently asked of CSRs.
2. Determine what frequently asked for information could be placed onto the web site. Focus the web site on providing information relevant to all callers. Some examples would be: toll free numbers, call center operating hours, and the functions available to providers via the IVR. Also, new policies/regulations, policy/regulation changes, due dates, reasons for delay in payment, and transitioning of systems (MCS, NGD) that may affect payment or call center capability.
3. Update the web site regularly to maintain the value of the information.

The benefit:

Web site enhancements gave providers a quick, easily accessible reference targeted to their information needs. A call center can place the announcements that they would put on the IVR, onto the web site and use the IVR message to reference providers/physicians/suppliers to the web site. FCSO Jacksonville and Cahaba GBA successfully increased the usability and value of their website to providers/physicians/suppliers and reduced their call volume. FCSO encouraged their callers to check its web site first before calling a CSR to provide answers and/or information.